

REPUBLIC OF IVORY COAST
MINISTRY OF THE ECONOMY AND FINANCE
STATISTICS DEPARTMENT

P E R M A N E N T H O U S E H O L D S U R V E Y
HOUSEHOLD QUESTIONNAIRE

WORLD BANK
LIVING STANDARDS MEASUREMENT STUDY

STRICTLY CONFIDENTIAL

REPUBLIC OF IVORY COAST
MINISTRY OF THE ECONOMY AND FINANCE
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PERMANENT HOUSEHOLD SURVEY
HOUSEHOLD QUESTIONNAIRE

WORLD BANK
LIVING STANDARDS MEASUREMENT STUDY

STRICTLY CONFIDENTIAL

SURVEY INFORMATION

CLUSTER: HOUSEHOLD: ROSTER:

END OF HOUSEHOLD:

ADDRESS:

FIRST ROUND OF SURVEY

INTERVIEWER: DATE:

ADDRESS FOUND? YES..1 NO...2 (SUPERVISOR) IS THE HEAD OF HOUSEHOLD THE SAME? YES..1 NO...2 (SUPERVISOR)

NAME OF NEW HEAD:

ETHNIC GROUP OF HEAD: OFFICE CODE:

LANGUAGE OF INTERVIEW FRENCH....1 (END) OTHER.....2 SPECIFY THE LANGUAGE: INTER-YES..1 NO...2

REMARKS:

VERIFICATION OF THE QUESTIONNAIRE, ROUND ONE

SUPERVISOR: DATE:

REMARKS:

RE-INTERVIEW? YES..1 NO...2

THIS HOUSEHOLD RE-PLACES HOUSEHOLD NO: THIS HOUSEHOLD WILL BE REPLACED BY NO: REASON: NOT FOUND.....1 REFUSAL.....2

DATA ENTRY, ROUND ONE

OPERATOR: DATE:

REMARKS:

SUPERVISION OF PRINTOUTS, ROUND ONE

SUPERVISOR: DATE:

REMARKS:

SECOND ROUND OF SURVEY

PROPOSED DATE:

INTERVIEWER: DATE:

REMARKS:

VERIFICATION OF QUESTIONNAIRE, ROUND TWO

SUPERVISOR: DATE:

REMARKS:

HAS INTERVIEW BEEN MONITORED? YES..1 NO...2

DATA ENTRY, ROUND TWO

OPERATOR: DATE:

REMARKS:

SUPERVISION OF PRINTOUTS, ROUND TWO

SUPERVISOR: DATE:

REMARKS:

SUMMARY OF SURVEY RESULTS

SECTION		INTERVIEWER								SUPERVISOR		CORRECTED IN OFFICE..1 CORRECTED DURING SECOND ROUND.....2 NOT CORRECTED.....3
		FIRST VISIT				SECOND VISIT				INTERVIEWER	OPERATOR	
		DATE			RESULT	DATE			RESULT	SATISFACTORY...1 TO BE COMPLETED: 2 TO BE REDONE.....3	SATISFACTORY...1 CORRECTIONS.....2	
		DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2 NOT APPLICABLE...3	DAY	MONTH	YEAR	COMPLETE.....1 PARTIAL.....2			
FIRST ROUND	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
SECOND ROUND	9											
	10											
	11											
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	13											
	14											
	15											

OBSERVATIONS AND COMMENTS

REMARKS BY THE INTERVIEWER ON THE FIRST ROUND-----

REMARKS BY THE INTERVIEWER ON THE SECOND ROUND-----

REMARKS BY THE SUPERVISOR ON THE FIRST ROUND-----

REMARKS BY THE SUPERVISOR ON THE SECOND ROUND-----

SECTION 1. PART A. HOUSEHOLD ROSTER

PERSON INTERVIEWED: PREFERABLY THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

==INTERVIEWER=====

RESPONDENT: _____	ID CODE: <input type="text"/>
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1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

- * First, I would like to have the names of all the members of your immediate family, including the head of the household, his wife or wives (or her husband) and his/her children in order of age, who normally live and eat their meals together in this dwelling.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE. IF THERE IS MORE THAN ONE WIFE, START WITH THE FIRST WIFE, FOLLOWED BY HER CHILDREN IN ORDER OF AGE, THEN THE SECOND WIFE AND HER CHILDREN IN ORDER OF AGE, AND SO ON.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

- * Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here. For instance, tenants or servants or other persons who are not relatives.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

- * Are there any other persons who slept here last night but who do not normally live here?

WRITE THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-13 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.14. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-13. Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTION 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

14. CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA.

LOOK AT THE ANSWER TO QUESTION 13.

- * ALL PERSONS FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSED AS HOUSEHOLD MEMBERS EXCEPT:
 - SERVANTS AND THEIR RELATIVES (SEE QUESTION 3)
 - TENANTS AND THEIR RELATIVES (QUESTION 3)
 - DECEASED PERSONS
- * IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:
 - THE HEAD OF HOUSEHOLD
 - INFANTS LESS THAN 3 MONTHS OLD (EXCLUDING CHILDREN OF SERVANTS AND TENANTS)
- * ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS.

ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

COLUMNS A AND B

COLUMN A. ON THE LEFT SIDE OF THE FORM, PUT A CROSS IN COLUMN A NEXT TO THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14.

COLUMN B. ENTER THE AGE IN COMPLETED YEARS (SEE QUESTION 6) OF ALL PERSONS WITH CODE 1 IN QUESTION 14. THAT IS, FOR AGE 4 YEARS 8 MONTHS, ENTER 4. FOR AGE 9 MONTHS, ENTER 0.

FILLING-IN THE HOUSEHOLD CARD

WRITE THE NAMES OF ALL PERSONS WITH CODE 1 IN QUESTION 14 ON THE HOUSEHOLD CARD.

From now on, I would like you to talk about these persons when I ask you questions about the members of your household.

READ OUT THE NAMES AND GIVE THE CARD TO THE RESPONDENT.

► PART B

SECTION 1. PART A. HOUSEHOLD ROSTER

FOR EACH PERSON LISTED IN QUESTION 1, ASK QUESTIONS 4-14.

NAME		2 SEX	3 RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD (NAME)..... WIFE OR HUSBAND..... SON OR DAUGHTER..... FATHER OR MOTHER..... SISTER OR BROTHER..... Niece or nephew..... Grandchild..... Other relative of head of household..... Other person not related on his/her spouse.....	4 Can you show me a birth certificate or equivalent document for (NAME)..... YES..1 NO..2 (66)	5 COPY THE DATE OF BIRTH CALCULATE PERSON'S AGE AND THE RESPONSE TO QUESTION 11 IN COL. 6-4 DAY MONTH YEAR	6 How old is (NAME).... now? YEARS IF 5 YEARS OR OVER. YEARS AND MONTHS IF < 5 YEARS. IF < 12 YRS > 10	7 What is the present marital status of (NAME)....? Is he (or she) currently... READ TO RESPONDENT: married.....1 divorced.....2 (>10) separated.....3 (>10) widow/ widower.....4 (>10) never married.....5 (>10)	8 Does the wife (husband) live in this household? YES..1 NO..2 (>10)	9 COPY THE IDENTIFICATION CARD OF THE WIFE (OR HUSBAND) IF MORE THAN ONE WIFE THE 1st ONE OF THE FIRST	10 In what Department was (NAME).... born? DEPARTMENT IF IN (YOUR COUNTRY IF BORN ABROAD).	11 What is his/her present nationality? (YOUR-1 AFRICAN:2 ASIAN:3 EUROPEAN:4 OTHER:5 AFRICAN OTHER:6 OTHER:7)	12 Did (NAME).... ever live here yesterday? YES..1 NO..2	13 For how many months in the past 12 months has he (or she) not slept or taken his/her meals in this household (place)? MONTHS	14 HOUSEHOLD MEMBER? CHECK THE CRITERIA ABOVE YES....1 NO....2 NEXT PERSON
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PART D

**TO BE COMPLETED FOR ALL HOUSEHOLD
MEMBERS**

SECTION 1. PART D. INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
Is the father of (NAME) living in this household?	COPY THE (BEST) INFORMATION CODE FOR THE FATHER	Is the father of (NAME) still alive?	Did the father of (NAME) attend school?	What was the highest grade he completed?	What was the highest diploma or degree obtained by the father of (NAME)?	What kind of work did the father of (NAME) do for most of his life?	IF >10 YEARS AGO: When (NAME) was 10 years old, did he/she live with his/her father? YES...1 NO....2	Is the natural mother of (NAME) living in this household?	COPY THE (BEST) INFORMATION CODE FOR THE MOTHER	Is the mother of (NAME) still alive?	Did the mother of (NAME) attend school?	What was the highest grade she completed?	What was the highest diploma or degree obtained by the mother of (NAME)?	What kind of work did (NAME)'s mother do for most of her life?	IF >10 YEARS AGO: When (NAME) was 10 years old, did he/she live with his/her mother? YES...1 NO....2			
YES...1 NO....2		YES...1 NO....2	YES...1 NO....2		CODES: NONE JE CE1 CE2 CE3 CE4 CE5 CE6 CE7 CE8 CE9 CE10 CE11 CE12 CE13 CE14 CE15 CE16 CE17 CE18 CE19 CE20 CE21 CE22 CE23 CE24 CE25 CE26 CE27 CE28 CE29 CE30 CE31 CE32 CE33 CE34 CE35 CE36 CE37 CE38 CE39 CE40 CE41 CE42 CE43 CE44 CE45 CE46 CE47 CE48 CE49 CE50 CE51 CE52 CE53 CE54 CE55 CE56 CE57 CE58 CE59 CE60 CE61 CE62 CE63 CE64 CE65 CE66 CE67 CE68 CE69 CE70 CE71 CE72 CE73 CE74 CE75 CE76 CE77 CE78 CE79 CE80 CE81 CE82 CE83 CE84 CE85 CE86 CE87 CE88 CE89 CE90 CE91 CE92 CE93 CE94 CE95 CE96 CE97 CE98 CE99 CE100 OTHER		YES...1 NO....2		YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2
				GRADE								GRADE						

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SECTION 2. HOUSING

Now I would like to ask you some questions about your dwelling. By dwelling I mean all the rooms and all the separate buildings used by the members of your household.

PART A: TYPE OF DWELLING

Which buildings and rooms does your household occupy?

1. MAIN TYPE OF DWELLING

SINGLE-FAMILY HOME1
SEVERAL HUTS OR HOUSES2 (P3)
APARTMENT, ROOM, EFFICIENCY ...3 (P5)
MORE THAN ONE APARTMENT4 (P6)

2. IS THE HOUSE PART OF A COMPOUND?

YES.....1
NO2 (P8)

3. HOW MANY BUILDINGS ALTOGETHER ARE THERE IN THE COMPOUND, INCLUDING THOSE OCCUPIED BY THIS HOUSEHOLD AND THOSE OCCUPIED BY OTHER HOUSEHOLDS?

4. HOW MANY BUILDINGS DOES THIS HOUSEHOLD OCCUPY?

5. IS THE APARTMENT PART OF A COURTYARD OR COMPOUND?

YES.....1
NO.....2 (P8)

6. HOW MANY OUTSIDE DOORS ARE THERE ALTOGETHER IN THE COURTYARD OR COMPOUND, INCLUDING THOSE FOR THIS HOUSEHOLD AND THOSE FOR OTHER HOUSEHOLDS?

7. HOW MANY OUTSIDE DOORS ARE FOR THIS HOUSEHOLD?

8. How many rooms does the household occupy, including bedrooms and living rooms?

DO NOT COUNT BATHROOMS, TOILETS OR KITCHENS.

9. Is the dwelling occupied by your household also used for a family business or trade?

YES.....1
NO.....2 (PART B)

10. How much of the dwelling is used for business?

LESS THAN ONE QUARTER....1
A QUARTER TO A HALF.....2
MORE THAN HALF.....3

PART B

SECTION 2.

PART B: HOUSING EXPENSES

1. Does this dwelling belong to a member of your household?

YES.....1
NO.....2

2. Is this dwelling rented in exchange for goods, services or money?

YES.....1
NO.....2 (P7)

3. From whom is the dwelling rented? Is it from a relative, a private employer of a member of the household, a public agency (e.g. SOGEFIHA), SICOB1 or a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
SICOB1.....3
SOGEFIHA/OTHER PUBLIC AGENCY....4
PRIVATE INDIVIDUAL/AGENCY.....5
DON'T KNOW.....6

4. How much money does your household pay in rent for this dwelling?

AMOUNT:

IF NO MONEY PAYMENT, ENTER ZERO.

TIME UNIT:

5. Does your household also supply goods or services in exchange for this dwelling?

YES.....1
NO.....2 (P7)

6. What is the approximate value of these goods and services provided by your household?

AMOUNT:

TIME UNIT:

7. Is part or all of the rent paid by someone who is not a member of your household? For example, by relative, a private employer, a government agency (like SOGEFIHA), SICOB1 or other public agency, or a private individual or agency?

YES.....1
NO.....2 (P12)

8. Who pays all or part of the rent?

RELATIVE.....1 (P12)
PRIVATE EMPLOYER.....2 (P12)
SICOB1.....3 (P12)
SOGEFIHA/OTHER PUBLIC AGENCY....4 (P12)
PRIVATE INDIVIDUAL/AGENCY.....5 (P12)
DON'T KNOW.....6 (P12)TIME UNIT: DAY.....3 MONTH.....5 SEMESTER..7
WEEK.....4 QUARTER...6 YEAR.....8

9. Do you make mortgage payments on this dwelling?

YES.....1
NO.....2 (p12)

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10. How much was your last payment?

AMOUNT:

11. How often do you make these payments?

NO. OF TIMES:

TIME UNIT:

12. What is the source of drinking water for your household?

INDOOR FAUCET.....1
WATER VENDOR.....2 (p14)
OUTSIDE FAUCET.....3
WELL WITH PUMP.....4 (p16)
WELL WITHOUT PUMP.....5 (p16)
RIVER, LAKE, SPRING, MARSH.....6 (p17)
RAIN WATER.....7 (p18)
WATER TRUCK.....8 (p14)
OTHER (SPECIFY:.....).9 (p17)

13. Have you a joint or individual meter?

JOINT.....1
INDIVIDUAL...2

☐

14. How much was your household's last water bill?

AMOUNT:

15. What amount of time was covered by that bill?

NUMBER:

TIME UNIT

(p20)

16. Is this [SUPPLY SOURCE IN 12] used by your household only or shared with others?

☐

THIS HOUSEHOLD ONLY.....1
SHARED.....2

17. How many meters is this [SUPPLY SOURCE IN 12] from your dwelling?

METERS:

18. What is your household's main source of water for laundry and bathing?

OUTSIDE FAUCET.....1
WELL WITH PUMP.....2
WELL WITHOUT PUMP.....3
RIVER, LAKE, SPRING, MARSH.....4 (P20)
RAIN WATER.....5 (P20)
WATER TRUCK.....6 (P20)
OTHER (SPECIFY:.....).7

19. Is this [SOURCE OF WATER FOR LAUNDRY AND BATHING] used only by your household or by other households also?

THIS HOUSEHOLD ONLY.....1
SHARED.....2

20. How does your household dispose of most of its garbage?

COLLECTED BY A GARBAGE TRUCK.....1
DUMPED.....2
BURNED.....3
BURIED.....4

21. What type of toilet is available for your household?

FLUSH TOILET.....1
PIT LATRINE.....2
NO TOILET.....3 (P24)
OTHER (SPECIFY:.....).4

22. Is this toilet used only by your household, or do other households use it?

THIS HOUSEHOLD ONLY.....1
SHARED.....2

23. Is the toilet inside or outside the dwelling?

INSIDE.....1
OUTSIDE.....2

24. What is the main source of lighting for your dwelling?

ELECTRICITY.....1
GAS.....2 (P28)
CANDLES, FLASHLIGHTS, GAS OR OIL LAMPS.....3 (P28)
NONE.....4 (P28)

25. Have you a joint or individual meter?

JOINT.....1
INDIVIDUAL.....2

26. How much was the last electric bill for your household?

(IF NOTHING, WRITE ZERO) AMOUNT:

27. How many months consumption was covered by this bill?

MONTHS:

TIME UNIT:	DAY.....3	MONTH.....5	SEMESTER..7
	WEEK.....4	QUARTER...6	YEAR.....8

28. What kind of fuel is most often used by your household to prepare meals?

WOOD.....1
CHARCOAL.....2 (▷ SECTION 3)
BAG.....3 (▷ SECTION 3)
ELECTRICITY.....4 (▷ SECTION 3)
OTHER (SPECIFY:.....)5 (▷ SECTION 3)

29. How does the household usually get its wood? By

collecting/gathering.....1
purchase?.....2 (▷ SECTION 3)

30. How far must you go to fetch wood?

KILOMETERS:

31. How long does it take to get there?

HOURS:

MINUTES:

32. How often must wood be fetched?

TIMES:

TIME UNIT:

▷ SECTION 3

TIME UNIT: DAY.....3 MONTH.....5 SEMESTER..7
WEEK.....4 QUARTER...6 YEAR.....8

SECTION 3. EDUCATION

**TO BE COMPLETED FOR ALL HOUSEHOLD
MEMBERS 5 YEARS OR OLDER.**

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

18							19	20	21	22	23	
How much has your household spent during the past 12 months on ...[NAME'S]...education for... IF NOTHING WAS SPENT, WRITE ZERO. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE ON _____ IN THE RELEVANT COLUMNS AND THE TOTAL AMOUNT IN COLUMN 18							Did ...[NAME]... have a scholarship for the past 12 months?	What was the value of the scholarship for the past 12 months?	Has any other person, who is not a member of your household, paid any other school expenses for ...[NAME'S]?	How far is ...[NAME]... from here?	How long does it take ...[NAME]... to go to school from here?	
A.	B.	C.	D.	E.	F.	G.						
Contributions to parents' associations?	Uniforms and sports clothes?	Books and school supplies?	Transportation to school?	Cafeteria, board and lodging?	Tuition and registration fees?	Other? (Clubs, etc.)	YES...1 NO...2	AMOUNT	YES...1 NO...2		HR	MIN
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT						
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SECTION 3. PART B. EDUCATION OF CHILDREN RESIDING ELSEWHERE

1. Does any member of your household have children under 30 years of age not living here in this household?

YES.....1

NO.....2 (▶ SECTION 4)

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FOR EACH CHILD LISTED IN QUESTION 2, ASK QUESTIONS 4-11.

2	3	4	5	6	7	8	9	10	11
What are their names? LIST ALL THE CHILDREN UNDER 30 YEARS OF AGE WHO DO NOT LIVE IN THIS HOUSEHOLD. COMPLETE THE LIST BEFORE GOING TO 4-10.	Sex? M...1 F...2	How old is ..(NAME)... now? YEARS	Does the father of ..(NAME)... live in this household? YES..1 NO...2 (▶)	COPY THE FATHER'S ID CODE.	Does the natural mother of ..(NAME)... live in this household? YES..1 NO...2 (▶)	COPY THE MOTHER'S ID CODE.	Has ..(NAME)... attended school? YES....1 NO...2 (▶ NEIL CHILD)	Is ..(NAME) ... attend- ing school now? YES....1 NO.....2	What is the highest grade completed by ...(NAME)...? CODES: NONE NE CP1 CE1 CE2 CH1 CH2 SE SE 43 SE 2E ARE TER 01 02 03 04 05 06 07 08 GRADE
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▶ NEIL
CHILD

▶ SECTION 4

SECTION 4. HEALTH

**TO BE ASKED OF EACH HOUSEHOLD
MEMBER. FOR CHILDREN, ASK THE
QUESTIONS OF THEIR PARENTS.**

SECTION 4. HEALTH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Have you had any illness or injury during the past 4 weeks? For example, have you had a cough, a cold, diarrhea, an injury due to an accident, or any other illness?	For how many days during the past 4 weeks did you suffer from this illness or injury?	For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury?	Has a doctor, nurse, pharmacist, healer, midwife, or health practitioner or home consultant for this illness or injury during the past 4 weeks?	Who was consulted first?	Where did the consultation take place?	Is this a public or private establishment?	How long did it take you to go to this consultation?	How far was this consultation from here?	How many times did you consult this person for this illness during the past 4 weeks?	How much did you have to pay this person for all the consultations during the past 4 weeks?	Did you have to spend a night in a hospital or other establishment during the past 4 weeks because of this illness?	How many nights during the past 4 weeks?	How much have you paid or will you pay altogether for this hospital stay?	Have you also had to pay medicines for this illness during the past 4 weeks?	How much has been spent altogether for medicines for this illness during the past 4 weeks?	In the past 12 months, have you had any vaccinations, maternal & child care (MCH) consultations or other preventive consultations?	How much have you paid or will you pay altogether for these consultations during the past 12 months?
YES...1 NO...2 (613)	DAYS	DAYS	YES...1 NO...2 (613)	DOCTOR...1 NURSE...2 PHARMACIST...3 HEALER...4 MIDWIFE...5 OTHER...6 (Specify)	HOSPITAL...1 CLINIC...2 PHARMACY...3 PRIVATE...4 PUBLIC...5 HOME...6 OTHER...7 (Specify)	PUBLIC...1 PRIVATE...2	HRS...1 MIN...2	KM	TIMES	AMOUNT	YES...1 NO...2 (613)	NIGHTS	AMOUNT	YES...1 NO...2 (613)	AMOUNT	YES...1 NO...2 (Specify PERSON)	AMOUNT

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SECTION 9. ECONOMIC ACTIVITIES

TO BE ASKED OF ALL HOUSEHOLD
MEMBERS AGED 7 YEARS OR OLDER

PART A: TIME USE

1	2	3	4	5	6	7	8	9	10	11	12	13
IS THE HOUSEHOLD MEMBER ANSWERING THE QUESTIONS HIMSELF (HERSELF)?	During the past 7 days, have you worked for someone who is not a member of your household, for example, an employer, a firm, the Government or some other person outside your household?	And during the past 12 months?	During the past 7 days, have you worked in a field or garden belonging to yourself or your household, or have you raised live-stock?	And during the past 12 months?	During the past 7 days, have you worked in a trade, industry, business, enterprise or profession belonging to yourself or your household? For example, as an independent merchant or fisherman, lawyer, doctor, or other self-employed activity?	And in the past 12 months?	AMONG THE ANSWERS TO QUESTIONS 7, 8 AND 9, IS THERE A YES? (CODE 1)?	Have you looked for paid work during the past 7 days?	Were you looking for work as a wage earner, as a self-employed worker of for any kind of work?	In looking for work, during the past 7 days, have you.....	Why did you not look for work during the past 7 days? (MAIN REASON)	AMONG THE ANSWERS TO QUESTIONS 10, 11 AND 12, IS THERE A YES? (CODE 1)?
										Applied to UNCL? ..used family connections? ..used inter-applications? applied in person? applied in writing used other methods		
YES...1 NO...2	YES...1 (D4) NO....2	YES..1 NO..2	YES...1 (D6) NO....2	YES..1 NO..2	YES...1 (D8) NO....2	YES..1 NO..2	YES (D PART B) NO (D4) 2	YES...1 NO (D12) 2	WAGE EARNER...1 SELF-EMPLOYED...2 ANY WORK...3	YES...1 YES...1 YES...1 YES...1 YES...1 NO...2 NO...2 NO...2 NO...2 NO...2	DID NOT WANT TO WORK..... TOO YOUNG..... TOO OLD/RETIRE..... ON VACATION..... WAITING REPLY FROM EMPLOYER OR AGENCY..... NEW JOB TO START..... THINK NO WORK AVAILABLE..... DO NOT KNOW HOW TO LOOK..... WAITING FOR FARMING SEASON..... OTHER REASONS.....	YES (D PART E) NO (D PART F)
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SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS

I D E N T I F I C A T I O N C O D E	1	2	3	4	5	6	7	8	9	10	11	12
	I would like to ask you some questions about the work you have done during the past 7 days. Please describe your main job, that is, the work on which you spent most time during the past 7 days, even if you were not paid for it. What did you do in this work?	What kind of trade, industry, or business is it connected with?	Did your father or your mother do or are they doing the same kind of work?	For how many days during the past 7 days did you do this work?	During these days, how many hours per day did you do this work?	For how many weeks during the past 12 months did you do this work?	Is this work seasonal?	How long have you been doing this work?	Have you received or will you receive money for this work?	How much money? How often?	In this work, were you an independent worker or a family worker on a farm or in a business belonging to your household?	Have you done any other work in the past 7 days?
	DESCRIPTION	CODE	TYPE	CODE	DAYS	HOURS PER DAY	WEEKS	YES...1 NO....2	YRS. MOS. WKS.	YES...1 NO...2	AMOUNT	TIME UNIT
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TIME UNIT: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS (CONT.)

13	14	15	16	17	18	19	20	21
For whom did you work? (READ TO THE RESPONDENT) The Government or the army.....1 A state-owned company.....2 A private company or enterprise...3	Is your employer, manager or director related to you? YES...1 NO....2	How far from this dwelling is the place where you did this work? KM	How long does it take you to go there from here? HRS MIN	How often do you go there? For example, twice a day, once a week, etc. TIMES TIME UNIT	Are taxes already deducted from the payment you receive for your work? YES....1 NO.....2	Have you received or will you receive any bonuses, commissions, tips, allowances or gratuities for this work? YES...1 NO....2 (SEE NEXT PAGE)	Does this payment include bonuses, commissions, tips, allowances or gratuities? YES...1 NO....2	How much do these bonuses, commissions, tips, allowances and gratuities amount to? AMOUNT TIME UNIT

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SECTION 5. PART B. MAIN JOB DURING THE PAST 7 DAYS (END)

	32	33	34	35	36	37	38	39	40	41	42	43
1	How many people altogether work at the place where you do this work?	Is there a union at the place where you do this work?	Is your compensation for this work subject to the state legal minimum wage rate?	When you started this work, did you sign a contract in which your salary was specified?	Have you had or will you receive paid sick leave in this work?	Have you had or will you receive a retirement pension in this work?	Will you receive or sub- sidized medical care in this work?	Are you entitled to free or sub- sidized medical care in this work?	Have you received or will you receive social security benefits in this work?	Have you used tools, equip- ment, supplies or other materials of your own in this work?	If you wanted to sell these tools, equipment or materials that belong to you, how much would you receive from the sale?	Have you done any other work during the last 7 days?
	PERSONS	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 (b)(3)	AMOUNT	YES (PART C) NO (PART D)

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SECTION 5. PART C. SECONDARY JOB DURING THE PAST 7 DAYS

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	DESCRIPTION	CODE					TYPE	CODE	DAYS		HOURS PER DAY	WEEKS				YES...1
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TIME UNITS: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

1 13	Who did you work for? (READ TO THE RESPONDENT) The Government or the army.....1 A state owned company.....2 A private company or enterprise...3	14 Are taxes already deducted from the payment you receive for this work? YES...1 NO....2	15 Do you also receive remuneration in goods or services? YES...1 NO....2 (117)	16 What is the value of these goods and services?	17 Have you used tools, equipment, supplies or other materials of your own in this work? YES...1 NO....2 (117)	18 If you wanted to sell these tools, equipment or materials that belong to you, how much would you receive for the sale?	19 Have you done any other work during the past 7 days? YES....1 NO....2 (PART 5)	20 How much did you or will you receive for all this other work, including payment in the form of goods and services?			
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1 Have you looked for additional paid work during the past 7 days?	2 In looking for extra work during the past 7 days, have you.....						3 Why haven't you looked for extra work during the past 7 days? (MAIN REASON) DID NOT WANT TO WORK.....1 ENOUGH WORK ALREADY.....2 AWAITING REPLY FROM AN EMPLOYER.....3 AWAITING REPLY FROM AN EMPLOYMENT AGENCY.....4 WAITING TO START A NEW JOB.....5 THINK THAT THERE IS NO MORE WORK.....6 DON'T KNOW HOW TO LOOK FOR OTHER REASONS.....7	4 During the past 7 days, have you looked for other work to replace your present work? YES...1 NO...2 (PART E)	5 What kind of work are you looking for? PART E		
	...applied to OROCI?	...used family connections?	...used inter-mediar-ies?	...applied in person?	...applied in writing?	...used other methods?			Self-employed?.....1	In the... Private Sector?.....1 Public Sector?.....2	Agricul-tural?.....1 Non-agricul-tural?.....2
YES...1 NO...2 (B3)	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 (B4)	NO...2 (PART E)	EITHER?.....3	EITHER?.....3	EITHER?.....3	

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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS

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How I would like to talk about your main work during the past 12 months, that is, the work to which you devoted the most time during the past 12 months (since.....). What did this work consist of?	What kind of trade, industry, or business is it connected with?	Is this work the same as your main or secondary job during the past 7 days? YES, SAME AS PRIMARY.....1 (P PART F) YES, SAME AS SECONDARY.....2 (P PART F) NO, DIFFERENT WORK.....3	Did your father or mother do or are they doing the same kind of work? YES...1 NO...2	For how many years during the past 12 months did you do this work? (IF 40 OR MORE P 7)	Is this work seasonal? YES...1 NO...2	During these weeks, how many days a week did you work?	How many hours a day did you work?	How long have you been doing this work?	Have you received or will you receive money for this work? YES...1	How much money? How often?	In this work were you an independent worker for a family worker on a farm or in a business belonging to your household? YES (P PART F) NO (P PART F)
DESCRIPTION	CODE	TYPE	CODE	WEEKS	YES...1 NO...2	DAYS PER WEEK	HOURS PER DAY	YRS MON WKS	NO (P 12)	AMOUNT	TIME UNIT
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TIME UNIT: MINUTE...1 HOUR...2 DAY...3 WEEK...4 MONTH...5 QUARTER...6 SEMESTER...7 YEAR...8

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	22	23	24	25	26	27	28	29	30	31
	Have you received or will you receive payment for this work in the form of food, crops or animals?	What is the value of these goods?	Have you received or will you receive payment for this work in the form of free or subsidized housing?	What is the value of this subsidy?	Have you received or will you receive payment for this work in the form of clothing?	What is the value of the clothing?	Is your transport to this work free or subsidized?	What is the value of this transport?	Have you received or will you receive payment for this work in any other form?	What is the value of this form of payment?
	YES..1 NO..2 (626)		YES..1 NO..2 (626)		YES..1 NO..2 (626)		YES..1 NO..2 (636)		YES..1 NO..2 (632, NETT PAGE)	YES..1 NO..2 (632, NETT PAGE)
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SECTION 5. PART E. MAIN JOB DURING THE PAST 12 MONTHS (END)

1 NUMBER OF PERSONS EMPLOYED	32 How many people altogether work at the place where you do this work?	33 Is there a union at the place where you do this work?	34 Is your remuneration for this work subject to the SMW (legal minimum wage rate)?	35 When you started work, did you sign a contract in which your salary was specified?	36 Have you had or will you receive paid holidays in this work?	37 Have you had or will you receive sick leave in this work?	38 Will you receive a retirement pension in this work?	39 Are you entitled to free or subsidized medical care in this work?	40 Have you received or will you receive social security benefits in this work?	41 Have you used tools, equipment, supplies or other materials of your own in this work?	42 If you wanted to sell these tools, equipment or materials that belong to you, how much would you receive from the sale?
PERSONS		YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 (PART F)	<div>▶ PART F</div> AMOUNT

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1 SEQUENCE NUMBER	2 What did you do most of the time before starting this work? That is, were you doing other work, studying, or were you unemployed? OTHER WORK.....1 SCHOOL.....2 (P6) UNEMPLOYED.....3 (P6)	3 Please describe the main work you did before you started your main job during the past 12 months. What did that work consist of?	4 What kind of business, trade, industry, or profession was it connected with?	5 In this work were you an independent worker or a family worker on a farm or in a business belonging to your household? YES....1 NO.....2	6 For how long did you do this work?		7 During the past 12 months, have you done any other work in addition to your main employment? YES (PART G) NO (PART H)
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